

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO 476)						SERIAL NO. 10/20/2005 APPLICANT(S)		FILING DATE	
						CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.
1						61			
2		1				62			
3						63			
4						64			
5						65			
6						66			
7						67			
8						68			
9						69			
10						70			
11		1				71			
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50									
TOTAL NO.		13				TOTAL NO.			
TOTAL OFF.		8				TOTAL OFF.			
TOTAL		11				TOTAL			

APPLICANT(S)

ISSUING DATE

## CLAIMS

	AS FILED		AFTER 1st HANDOUT		AFTER 2nd HANDOUT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
1						
2			1			
3				1		
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TOTAL NO.			13			
TOTAL DEF.			8			
TOTAL			11			